

RMD Bulletin

Knowledge is power...



PREPARING FOR HIPAA 5010: Reporting Payer Responsibility In The IS

This is to inform providers of a new upcoming feature that will be added to the Integrated System (IS) to comply with HIPAA 5010 claim formatting requirements. Beginning in April, all providers are required to provide a code identifying the insurance carrier’s level of responsibility for a payment of a claim. If the client has Medicare or Other Health Coverage (OHC) as a payer, the order of responsibility must be entered in the Payer Responsibility box and must be sequential. For clients with more than one payer to cover the cost of services, the primary payer is the payer billed first and must be indicated with a one (1) in the Payer Responsibility field. The payer billed second is the secondary payer and is indicated with a two (2) in the field, and so on. If the responsibility order for each payer listed in the claim is not in sequential order you will receive a system edit message stating Other Insurance Responsibility order is invalid.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Client: Test . Example

Other Payer

Options: Payer: Other1 Insurance [07/01/2012] Payer Responsibility: 1

Return: Insurance Type Code: SubscriberID: Payment Date: Amount Paid: Auth Code:

Adjustments: GroupCode: Reason: Amount: Quantity:

Group	Reason	Amount	Quantity
1			

Add >> Save Cancel

We're here to help you...

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.